

Environmental Services Department
Albert F. Brown, M.P.A., R.S., Director
1001 North Central Avenue, Suite 150
Phoenix, Arizona 85004



Water & Waste Management
John A. Power, P.E., Manager
Telephone (602) 506-6666
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(For hearing/speech impaired)

Permit / File #

GENERAL APPLICATION

The undersigned hereby requests that MCESD/Water and Waste Management Division conduct the appropriate review or inspection for the procedure selected below for the site named and supplies the undersigned with the associated results.

(Check one): ☐ Site Investigation
☐ Site and Test Hole Inspection
☐ Alteration permit, existing permit # _____
☐ Misc. Review/Reconnect Plan Review, existing permit # _____

for an On-Site Wastewater Treatment Facility (OSWTF) at:

SITE INFORMATION

Street Address: _____ County or City Code _____ Acreage _____
IF NO ADDRESS HAS BEEN ASSIGNED THEN LEAVE BLANK

Subdivision Name: _____ Lot Number: _____

Is Lot Split? ☐ Yes ☐ No Major Cross Streets _____

If lot has been split, attach copy of the recorded survey

Section: _____ Township: _____ N / S Range: _____ E / W Assessor Parcel Number _____ - _____ - _____

Water Service will be provided by (check all that apply):

☐ Water Company. Name: _____
☐ Existing Well
☐ Proposed / Future Well
☐ Holding Tank
(MCESD also accepts well applications at this location)

Is a shared well agreement **required** due to the inability to meet the required 50' setback between the OSWTF and any property line when a well is installed on-site? ☐ yes ☐ no
NOTE: a well agreement may not be required if there are existing wells on neighboring sites, granting an automatic 5' setback to the adjoining property lines.

If yes, is a copy of the shared well agreement attached?

Identified as (check one):

☐ Single Family Residence
☐ Commercial
Type of Establishment: _____
Maximum number of users: _____
(Customers, employees, members, etc.)
Establishment name: _____

If this submittal is for a Review, Reconnect or Alteration (repair)
Indicate the reason for the request: _____

OWNER AND APPLICANT INFORMATION

Property Owner Name: _____
Complete Mailing Address: _____

Applicant Name: _____ Attention: _____
Complete Mailing Address: _____

Phone: _____ Fax: _____
Mobile: _____ Pager: _____

APPLICANT SIGNATURE

I, the undersigned, do hereby agree to assume complete responsibility to insure that these installations will be made in full compliance with all regulations of the Maricopa County Environmental Services Department and the Arizona Department of Environmental Quality which are applicable at the time of permit issuance. I also understand that failure to comply with said regulations is subject to fine, imprisonment, or both. Base permit fees for the options covered by this application are for one plan review. If additional inspections are required to complete the plan review they will be charged at a rate of \$70.00 per hour. Site Evaluation / Test Hole inspection fees are \$100.00 per visit, per site. The responsibility of open hole safety falls on the property owner. Open holes must be protected to ensure that an accidental fall does not occur, yet provide accessibility for the inspection. Failure to provide accurate and current information, to stake the property as instructed or to post adequate signage at and to the site may result in additional inspections and fees. I am also aware that a test hole inspection will not be scheduled the request for the inspection has been called in on the Inspection Request Line at 602-506-6666, option 3. All notification of completed procedures will be done through the mail.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Receipt # _____ Amount: \$ _____ Date Issued _____ By: _____